U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Docker Number		
<u> </u>	Substitute for Louis 1.0.013									071150	T11011
		CLAIMS AS I	FILED - PART I mn 1) (Column 2)		ımn 2)		SMALL E	NTITY	OR	OTHER SMALL	
	FOR	NUMBE		NUMBE	IMBER EXTRA		RATE .	FEE	. ,	RATE	FEE
	BASIC FEE 37 CFR 1.16(a))						s 150	OŘ	NASIC FEE	<u>-s_300</u>	
TOTA	TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =			x s_23_ =		OR	x.s <u>.50</u> .=	
INDE	PENDENT CLAIM	IS .	minus 3				x s 100 =		OR	x s 200 =	
(37 CFR 1.16(b)) minus 3 =							+ \$ 180	74	\or	+5360=	め 成 2 万 百
If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	F1999 T 1 1 973	表の を OR	TOTAL	avied tree
l ii in										If the Calerer	கள் இப்பா
	CL	AIMS AS AME	ENDED	- PART II		:. <u>*</u>		•		OTHER	THANAIM
11	Poulse	(Column 1)		(Column 2)	(Column 3)		SMALL E	NTITY .	OR	SMALL	ENTITY.
12	ayus	CLAIMS		HIGHEST	PRESENT		RATE	ADDI-		RATE	ADDI-
1		REMAINING AFTER		NUMBER PREV <u>I</u> OUSLY	EXTRA			TIONAL		< .	TIONAL
N N	1 644	AMENDMENT	Minus	PAID FOR	- : . =			FEE:	- 1	riko -	-Ak/-
NO	Total (37 CFR 1,14(ci)	16	Minus	20			x s 25 =		OR .	XSID Fin	
	Independent (37 CFR 1.16(b))	2	Minus	3	=		x s 100 =		OR	x s 200 =	No.
₽ A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d))						+ s 180 =		OR	+٤٠٤٤٤٤	
									OR	TOTAL ADD'L FEE	
					(C-1,						
 	,	(Column 1) CLAIIAS	·	(Column 2) HIGHEST	(Column 3)	1			7	2475	ADD1-
ω Ω		REMAINING		NUMBER	PRESENT	l	RATE	TIONAL		RATE	TIONAL
FNA		AFTER		PREVIOUSLY PAID FOR		1		FEE	┨.		FEE
M	Total (37 CFR 1,16(ci)	•	Minus		=		x s25_=		OR	x \$50 =	
ENDM	Independent (37 CFR 1,16(b))	-	Minus	***	Ξ	1	x s_l <u>oo</u> =		OR	x s <u>200</u> =	<u> </u>
AM		TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CI	FR 1.16(d))		+ s 180 =		OR	+5360=	ļ
	L					_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
			•	(Column 2)	(Column 3)						
-	<u> </u>	(Column 1) CLAIMS	Τ	HIGHEST	1	7		100	7	RATE	ADDI-
O	[REMAINING	1	NUMBER PREVIOUSLY	PRESENT		RATE	TIONAL		1001	ANOIT
ENT L	1	AFTER AMENDMENT	<u> </u>	PAID FOR		1		FEE	-{		FEE
DME	Total (37 CFR 1.16(cl)		Minus		=		x s 25 =	<u> </u>	OR	x s <u>\$0</u> =	
I N	Independent (37 CFR 1.16(b))	•	Minus	•••			x s 100 =		OR	x s 20 0 =	
AMEN	FIRST PRESEN	ITATION OF MULTIP	LE DEPENO	DENT CLAIM (37 C	FR 1,16(d)}		+ s 80 =		OR	+ s 3420=	
.								* 10.	OR	TOTAL ADD'L FEE	-
†	• If the entry in	column 1 is less th	an the ent	ry in column 2, w	ite "0" in colum		nior 70	47 7	Ÿ.	The state of	اردۇرۇپ ئىرىيىيىيىلىدۇرۇپ ئۇللۇرۇپ
Ι.	AA MAA . THE CAR A	t Number Previous	tu Paid Fo	a IN THIS SPACE	- is less man z	U. E	nuer zo				Highest Hon

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column